

2nd MODIFIED CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO:16-10643

Median Income: ☐ Above ☒ Below

Debtor **Diane Perry** SS#XXX-XX- **6343** Current Monthly Income \$ **1,403.64**

Jt. Debtor _____ SS#XXX-XX- _____ Current Monthly Income \$ _____

Address **1800 Hwy 25 S., Starkville, MS 39759** No. of Dependents **0**

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of **48** months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).


- (A) Debtor shall pay \$ **173.00** per (☒ monthly, ☐ semi-monthly, ☐ week, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Starkville Oktibbeha Consolidated

401 Greensboro St.

Starkville, MS 39759

- (B) Joint Debtor shall pay \$ _____ per (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

 **PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:
Internal Revenue Service: \$ **1,953.48** @\$ **40.70** /mo

MS Dept. of Revenue: \$ **887.00** @\$ **18.48** /mo Other/ _____: \$ _____ @\$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ _____ which shall be paid in the amount of \$ _____ per month.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein **INCLUDES: Insurance** ☐ **Taxes** ☐

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () PLAN () DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () PLAN () DIRECT

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

Debtor's Initials **DP** Joint Debtor's Initials _____

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL</u>	<u>910* CLM</u>	<u>APPROX. AMT. OWED</u>	<u>VALUE</u>	<u>INT. RATE</u>	<u>TOTAL AMT. TO BE PAID</u>	<u>MONTHLY PAYMENT</u>
Tower Loan	NPM (Non-Exempt)		\$6,148.21	\$1,000.00	5%	\$1,105.41	\$23.03
Republic Finance	NPM (Non-Exempt)		\$4,992.38	\$100.00	5%	\$110.54	\$2.30
United Consumer	Kirby System		\$1,639.02	\$200.00	5%	\$221.08	\$4.61
_____	_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	_____	____%	_____	_____

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL OR TYPE OF DEBT</u>	<u>APPROX. AMT. OWED</u>	<u>PROPOSAL TO BE PAID</u>
Capital One Auto	2012 Jeep Compass	\$12,121.22	SURRENDER INT. TO CO-SIGNER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

<u>CREDITOR'S NAME</u>	<u>APPROX. AMT. OWED</u>	<u>CONTRACTUAL MO. PMT.</u>	<u>PROPOSED TREATMENT</u>
Dept. of Ed./Navient	\$24,600.00	\$0.00	Defer Payments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

The Individual plan payments to creditors shall constitute adequate protection payments to Creditors pursuant to this Court's standing order.

GENERAL UNSECURED CLAIMS total approximately \$ 24,924.94. Such claims must be *timely filed* and not disallowed to receive payment as follows: _____ IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

****Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,200.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 10.00

Attorney fees to be paid through the plan \$ 3,190.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

R. GAWYN MITCHELL
P.O. BOX 1216
COLUMBUS, MS 39703
Telephone 662-327-3344

Telephone/Fax _____

DATE: 08/23/17

DEBTOR'S SIGNATURE /s/ Diane Perry

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY SIGNATURE /s/ R. Gawyn Mitchell